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# Active Shooter Guidance for Healthcare Facilities

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*Senior Director*

*Emergency Preparedness & Management*

# Panama City School Board Meeting December 14, 2010



# Marine Corps Air Station Yuma Hospital Active Shooter Exercise



# Objectives

- Review history of active shooter events at healthcare facilities
- Review government resources for active shooter
- Understand why healthcare facilities are different
- Review HPH SCC Work

## STATISTICS

**18** MILLION PATIENT CONTACTS PER YEAR

APPROXIMATELY **5%** OF MAJOR HOSPITAL SERVICES IN THE U.S.

ADMISSIONS	< 1.5 MILLION
PATIENT DAYS	< 7.6 MILLION
DELIVERIES	< 0.23 MILLION
TOTAL SURGERIES	< 1.3 MILLION
ED VISITS	< 6 MILLION

**166** HOSPITALS

**124** FREESTANDING SURGERY CENTERS

**>550** PRACTICES IN

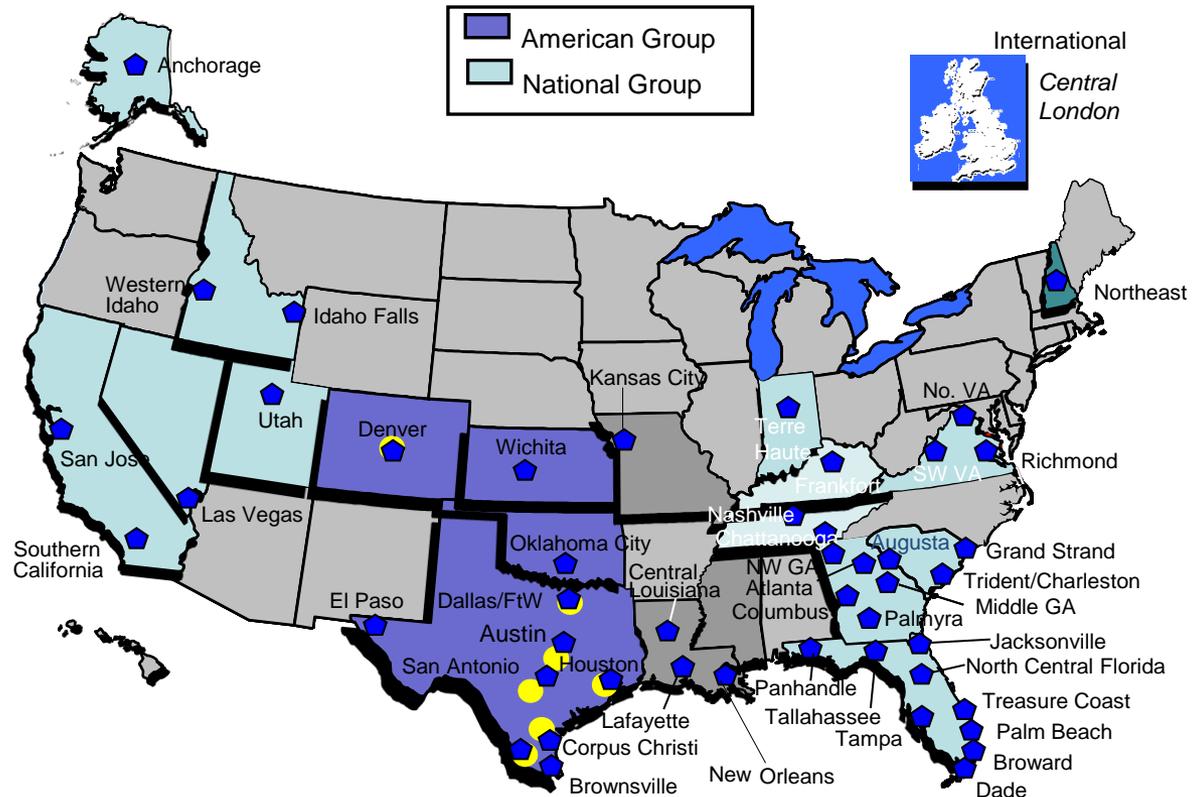
**23** STATES AND ENGLAND

HOSPITALS RANGE FROM COMPLEX TERTIARY REFERRAL AND ACADEMIC MEDICAL CENTERS TO URBAN AND SUBURBAN COMMUNITY MEDICAL CENTERS

**197,000** EMPLOYEES

**35,000** AFFILIATED PHYSICIANS

**MORE THAN 38,000** LICENSED BEDS



# Our Corporate Community



Corporate Office



Division Office



Data/Administrative Centers

Outpatient Centers

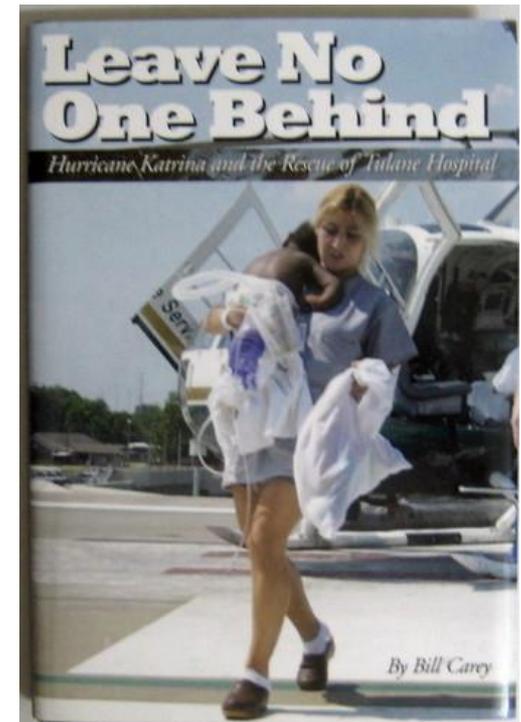
Physician Offices

Hospitals

Supply Centers

# Disaster Response

- 2001- Amerithrax
- 2005- Hurricane Katrina
- 2008- Hurricanes Gustav and Ike
- 2009- H1N1 Pandemic
- 2010- Haiti Earthquake, Nashville, TN Floods
- 2011- Hurricane Irene
- 2012 – VA Severe Weather, Aurora, CO, Hurricanes Isaac and Sandy
- 2013 – Nashville HazMat, KC Snowstorms, OK Tornadoes, TDoS Attacks
- 2014 – Ebola Crisis



# Active Shooter in a Healthcare Setting

- Hospital-Based Shootings in the United States: 2000 to 2011
- 154 hospital-related shootings
  - 91 (59%) inside the hospital and 63 (41%) outside on hospital grounds.
  - 235 injured or dead victims
  - The ED environs were the most common site (29%), followed by the parking lot (23%) and patient rooms (19%).
  - Most events involved a determined shooter with a strong motive as defined by grudge (27%), suicide (21%), "euthanizing" an ill relative (14%), and prisoner escape (11%)
  - Ambient society violence (9%) and mentally unstable patients (4%) were comparatively infrequent
  - The most common victim was the perpetrator (45%)
  - Hospital employees composed 20% of victims
    - physician (3%) and nurse (5%) victims were relatively infrequent.
- In 23% of shootings within the ED, the weapon was a security officer's gun taken by the perpetrator.

Gabor D. Kelen, MD, Christina L. Catlett, MD, Joshua G. Kubit, MD, Yu-Hsiang Hsieh, PhD Ann Emerg Med. 2012 Dec;60(6):790-798.e1

# Recent Events

- April 2015: Man shoots shotgun near hospital in Covington, LA and flees.
- March 2015: Prisoner escapes from guards at a Fairfax, VA hospital, takes gun and flees.
- March 2015: A Man abducts an employee at a Racine, WI Hospital and fires at police officer during pursuit.
- January 2015: A man shot a doctor and then himself at a hospital in TX.
- January 2015: A man opens fire at security officers at a hospital in DeKalb County, GA. No one injured.
- January 2015: A man shot a doctor at a hospital in Boston, MA. Suspect shot himself.
- January 2015: A man shot a nurse at a hospital in Los Angeles
- November 2014: A patient draws a handgun in a Highland Park, IL Emergency Department after a traffic accident. Police shot suspect.
- November 2014: Police shot and killed a man who was threatening hospital staff with a gun
- October 2014: A man enters outpatient pharmacy at a Hospital in Houston, TX and kills worker and self
- May 2014: An employee was injured after a man entered a Dayton, OH VA hospital with a gun
- May 2014: A man enters a North Logan, UT emergency department wielding two firearms. Police shot suspect.
- May 2014: Armed man in parking lot shot and killed by hospital security in Hillcrest, OK
- May 2014: A man shot his wife and then himself at a Worthington, MN nursing home.
- January 2014: A man shot himself after firing on cars and attacking two nurses at a Daytona Beach, FL hospital
- December 2013: A man kills sister in Los Angeles, CA nursing home. Suspected mercy killing.
- December 2013: A man kills one doctor and wounds another, then kills himself at a Reno, NV hospital
- November 2013: Staff nurse kills patient then shoots self at a Clarks Summit, PA nursing home.
- March 2013: A man in a hospice on a hospital campus shot his wife dead and then turned the gun on himself
- February 2013: One person shot dead on the grounds of a Portland, OR. Hospital
- December 2012: A man opened fire in a hospital, wounding an officer and two employees before he was fatally shot by police
- June 2012: Buffalo, NY – A Surgeon opens fire and kills his girlfriend on hospital grounds
- March 2012: A gunman opened fire at a Pittsburgh psychiatric clinic, leaving to two people dead, including the gunman, and injuring seven others
- March 2009: A gunman killed eight staff and patients and wounded two at a nursing home in Carthage, NC

# Other Events

## Case Report

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### Spontaneous Discharge of a Firearm in an MR Imaging Environment

Anton Oscar Beitia<sup>1</sup>, Steven P. Meyers<sup>1</sup>, Emanuel Kanal<sup>2</sup>, William Bartell<sup>3</sup>

**A**n incident recently occurred at an outpatient imaging center in western New York State, in which a firearm spontaneously discharged in a 1.5-T MR imaging environment with active shielding. To our knowledge, this is the first documented case of such an occurrence. The event

secure the weapon in that room, where he felt it would be safe. However, the officer apparently misunderstood and took the gun into the MR suite. The technologist was entering the officer's personal data into the computer and did not see him entering the MR suite.

Once the officer was inside the MR suite

mechanics of the Colt 1991 A-1 .45 caliber pistol and the weapon's safety mechanisms [2]. When the weapon is normally fired, the

### Gunman 'disarmed' by MRI machine at hospital

Durgesh Nandan Jha, TNN Jun 27, 2012, 01:28AM IST

**Tags:** MRI machine | Medanta Medicity | Gunman 'disarmed' by MRI r

NEW DELHI: The patient's personal security officer was not in the MRI room — not with a gun tucked under his belt, at least, but he was in danger of his life. In an incident that neither the gunman nor the doctor in Gurgaon will forget, the MRI machine reportedly sucked out the gunman's belt.

MRI machines that are used to visualize the internal structure of the body using magnetic fields, thousands of times stronger than the earth's magnetic field, the gun got drawn out by this tremendous magnetic force.

### Police officer has service gun wrenched from his hand by MRI machine while responding to burglary in medical center

By SNEJANA FARBEROV

PUBLISHED: 12:42 EST, 9 February 2013 | UPDATED: 12:44 EST, 9 February 2013

# Sandy Hook Elementary School

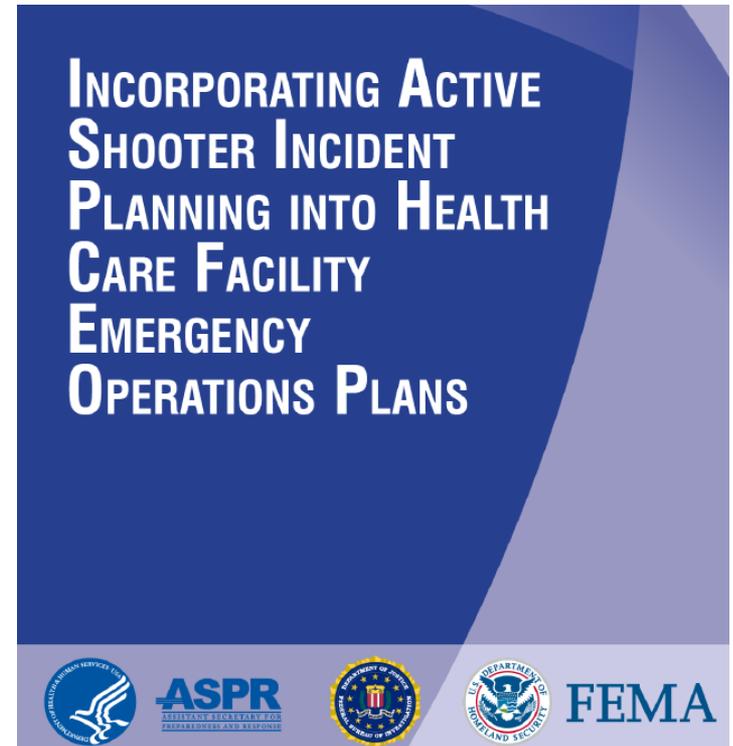
- December 14, 2013
- 20 Children, six adults killed
- Perpetrator also killed mother and himself
- Shot through glass panel in door to enter
- 16 killed hiding in bathroom
- 6 killed hiding in classroom, 9 fled and survived
- 15 survived hiding in class bathroom with window covered
- Others survived in barricaded closet

# Hartford Consensus

- Joint Committee to Create a National Policy to Enhance Survivability From Mass Casualty Shooting Events
- April 2, 2013
  - Integrated Response
    1. **Threat** suppression
    2. **Hemorrhage** control
    3. **Rapid Extrication** to safety
    4. **Assessment** by medical providers
    5. **Transport** to definitive care

# New Government Documents

- Released June 2013
- Run, Hide, Fight
  - Guide for Developing High-Quality School Emergency Operations Plans
  - Guide for Developing High-Quality Emergency Operations Plans for Institutions of Higher Education
  - Guide for Developing High-Quality Emergency Operations Plans for Houses of Worship
- November 2014
  - Incorporating Active Shooter Planning into Health Care Facility Emergency Operations Plans [www.phe.gov](http://www.phe.gov)



# Active Shooter in a Healthcare Setting

- What is a healthcare setting?
  - Hospital (teaching, critical access)
  - Clinic
  - Physician practice
  - Medical School
  - Free standing MRI
  - Oncology clinic
  - Ambulatory surgery center
  - Long term care

# Commonality

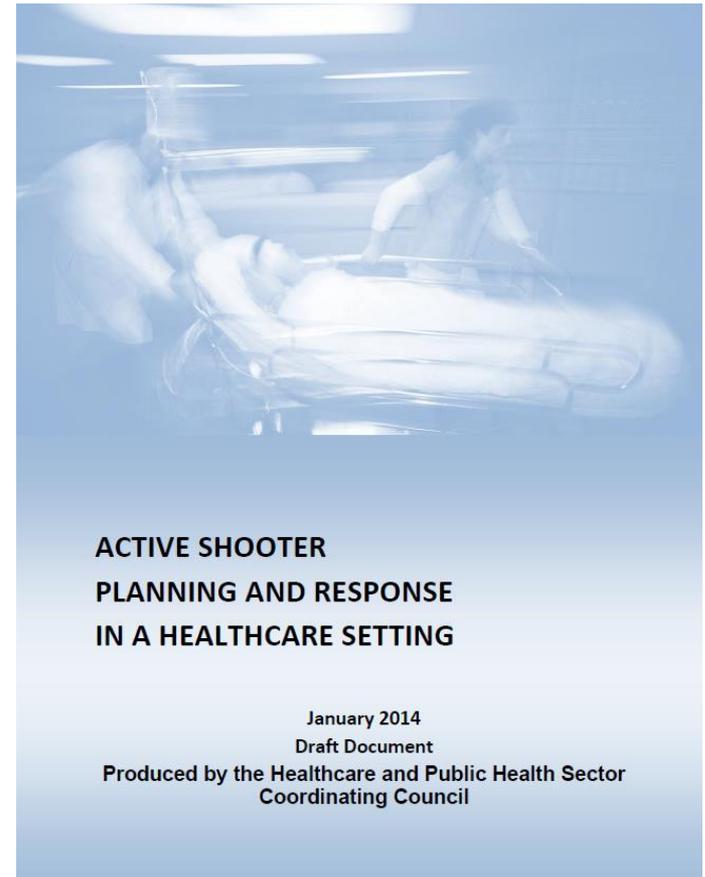
- Vulnerable population
- Hazardous materials
- Openness
- Visitors
- “Duty to Act” and “Abandonment” concerns
- Ability to provide care

# Sector Coordinating Council

- Established Ad-Hoc Committee in early 2013
- Represented by:
  - Healthcare community
  - FBI
  - DHS
  - FEMA
  - HHS
  - Public safety
  - Healthcare attorneys

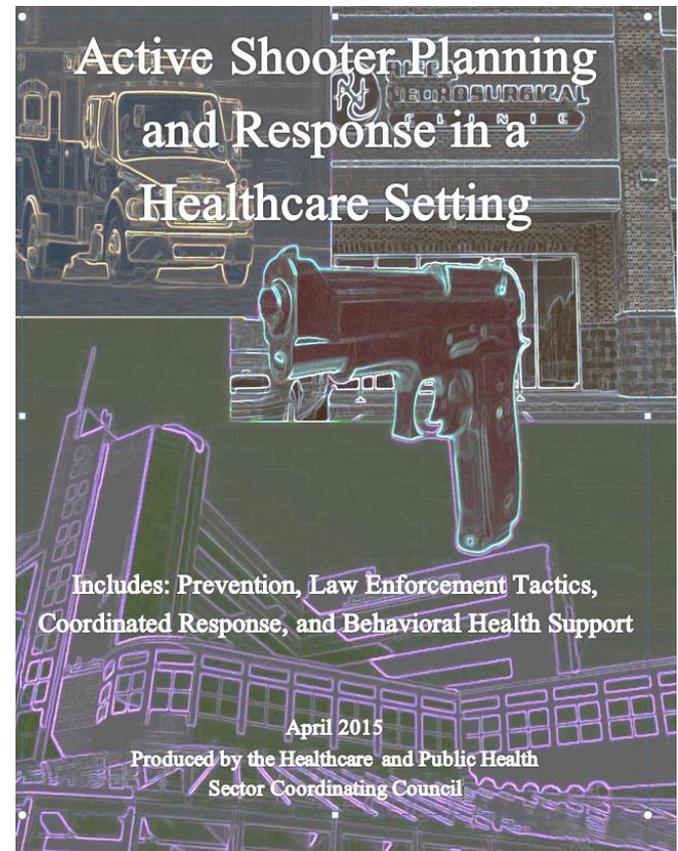
# Active Shooter Planning and Response in a Healthcare Setting

- Initially released January 2014
  - Definition
  - Ethical considerations
  - Preparing
  - Planning
  - Working with first responders
  - Exercises
  - Prevention
  - Aftermath
  - Psychological first aid



# Active Shooter Planning and Response in a Healthcare Setting

- Updated guidance released April 2015
  - Additional content includes
    - Law enforcement planning and tactics
      - Initial response
      - Facility clearing
      - Coordination with security teams
      - Access kits
      - Special areas of consideration
      - Crime scene
    - Integrated Medical Response
      - Triage
      - Treatment and Transport
      - Warm zone operations
    - Behavioral Health Assistance
      - PsySTART Triage
      - Psychological First Aid



# The Elephant in the Room

- Is running abandonment?
- Is there an ethical or moral obligation to stay?
- Can you require someone NOT to run?
- Helpless patients
  - Operating room
  - Ventilators
  - Non-ambulatory



# What we Know

- Golden Rule:
  - Less People in Hot Zone = Less Victims
- Healthcare facilities can be large
  - Multiple buildings
  - Multiple floors/wings
  - Educational campus
- Response depends on where it is occurring
- Run, hide, fight are un-numbered options
- Situations are fluid

# What we Think

- Training will decrease deaths
- Individual facilities will make a plan appropriate for them
- Pre-planning how to “barricade” at the unit level will decrease deaths
- As shooter moves, response will change
- Self preservation is a personal issue
- People do heroic things, but not by policy

# Ethical Considerations

- Every reasonable attempt to continue caring for patients must be made, but in the event this becomes impossible, without putting others at risk for loss of life, certain decisions must be made

# Planning

- A preferred method for reporting active shooter incidents
- An evacuation policy and procedure
- Emergency escape procedures and route assignments (i.e., floor plans, safe areas)
- Lockdown procedures for individual units and locations and other campus buildings
- Integration with the facility Emergency Operations Plan and Incident Command System
- Information concerning local area emergency response agencies and hospitals (i.e., name, telephone number, and distance from your location)

# Communication

- Panic
  - Research shows warnings do not induce panic
  - People need accurate information and clear instructions
- Codes vs. Plain Language
- Communication barriers (multi-lingual, hearing impaired, learning disabled)



No Weapons

No se permiten armas

Lama Ogala Hubka

Ношение оружия запрещено

Armes interdites

हथियार लाना मना है

禁止攜帶武器

禁止攜帶武器

武器所持禁止

무기 금지

Không được mang vũ khí

منوع حمل الأسلحة

<https://healthinfotranslations.org>

# Working with First Responders

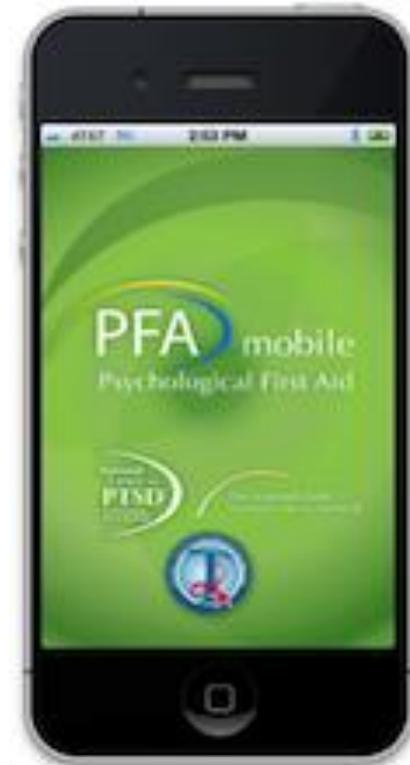
- Share plan with responders
- Consider pre-placed maps and access badges
- Exercises
- Equipment cache location
- Integrating into the care/security teams
- Transport or treat at the facility decisions
- Integrated command post
- Warm zone operations
- Casualty collection points
- Hemorrhage control

# Law Enforcement Tactics

- First officer arrival
- Visiting LE duties/off duty officer duties (ED)
- Force protection teams
- Integration of special operation teams
- Facility clearing
- Video control rooms
- Hazardous materials
- Clearing staff to assist with care
- Crime scene operations

# Behavioral Health Assistance

- PsySTART
- Psychological First Aid
- Employee Assistance Program
- Family reception center
- Family assistance center
- Memorials/anniversary planning



# Healthcare Active Shooter Training Video

- Created by MESH Coalition

<https://vimeo.com/meshcoalition/review/108575641/dd69fdb233>



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# Implementation Strategies

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## In the Beginning

- A survey conducted in 2008 showed only six hospitals had an active shooter policy

# In the Beginning

- A team was formed to develop a model active shooter and hostage policy
- Policy was not mandatory
- Placed on the HCA Code Ready Site

The screenshot shows the HCA CodeReady website. The header features the 'CODE TOGETHER' and 'PREPARED READY' logos. Below the header is a navigation bar with links for 'My Page', 'Control Panel', 'Recent changes', 'Help', and 'Tools'. A user profile for 'ScottCormier' is visible, along with options for 'Log out', 'Edit page', 'New page', 'Print page', and 'More'. A search bar is present on the left. The main content area displays 'HCA CodeReady' and a welcome message: 'Welcome to the CodeReady Disaster Planning and Response Site'. It states that this is a public site for sharing information with employees, their families, and the community. A section for 'EMERGENCY EVENTS' shows 'No Emergency Events'. Below this, the 'HCA Emergency Alert Line' is listed as '1-877-344-1313 (toll free) Option 9, then Option 9 again'. A 'HCA Facility Locator' section is also visible. On the right side, there is a photo of two people in blue uniforms attending to a person on a stretcher. The page footer indicates it was last modified on 23:35, 29 Jan 2014 by ScottCormier.

# In the Beginning

- By 2009, 16 hospitals had adopted the policy

## FACILITY NAME

DEPARTMENT: Clinical Services Group	POLICY DESCRIPTION: Active Shooter/Hostage
PAGE: 1 of 8	REPLACES POLICY DATED:
EFFECTIVE DATE: December 1, 2008	REFERENCE NUMBER:

**SCOPE:** All Company-affiliated clinical subsidiaries including, but not limited to hospitals, ambulatory surgery centers, outpatient imaging centers and physician practices (collectively, "Affiliated Employers" and individually, "Affiliated Employer").

**PURPOSE:** To provide all facility staff response information to address an active shooter or hostage situation within the facility.

**POLICY:** To provide a safe and secure environment for all employees, patients and visitors. In the event of a person or persons taking a hostage during an incident on the property, or someone actively firing a weapon, facility staff will respond quickly and efficiently to secure the affected areas, protect life, and to clear the area for response by law enforcement.

In the event that a person or group of persons enter onto the property and take any person as a hostage

- 4 held active shooter exercises
- But we still had this:

“Under no circumstances are staff, patients and visitors to flee from the area or leave the facility unless instructed to do so by law enforcement officers or to protect themselves from imminent physical dangers.”

# Then

- Aurora Colorado Shooting: July 20, 2012



- Sandy Hook Elementary School Shooting: December 14, 2012



# Leadership

- By failing to prepare, you are preparing to fail.
  - Benjamin Franklin
  
- We are all born ignorant, but one must work hard to remain stupid.
  - Benjamin Franklin



# January 2013

- Executive Team Meeting
  - Need for a standardized policy
  - Incentives
  - Verification of implementation
  - Leadership Responsibility
  - Company-wide; both clinical and non-clinical sites



# The Plan

- 90 Days to Implement
  - Adopt Policy
  - Training for all Staff
  - Facility Executive to Sign Attestation
  - Policy and Attestation posted to facility Code Ready page

# Roll-Out

- Message from
  - Sam Hazen, President of Operations
  - John Steele, Senior Vice President, Human Resources

## Active Shooter Policy

Boone Diane on behalf of  Hazen Sam

 You forwarded this message on 4/8/2014 1:57 PM.

Sent: Tue 3/12/2013 4:07 PM



*[Blurred email content]*



 Message  Active Shooter Policy Hospital Attestation.docx (20 KB)

Recent events in Newtown, CT and Aurora, CO remind us that we must always be prepared to respond to emergencies. Hospitals and healthcare facilities may not only receive victims from such unfortunate events, but they may be the location of the event. The US Department of Homeland Security has guidelines on how to respond to these “Active Shooter” events. We have used these guidelines to create two model policies. One is specific to hospitals and the other is written for clinics and offices. These model policies are available on the HCA Code Ready website.

We are requiring each HCA facility (both clinical and non-clinical) to have an active shooter policy in place within the next 90 days. Once the policy is in place, please post your policy to your Code Ready page. The model policies should be adapted to fit your location, but should not deviate from the “Evacuate, Hide Out, Take Action” guidelines. The model policies also include plans to respond to a hostage event.

If your location currently has an active shooter policy in place, you should

# Verification

- Policy and attestation verified on Code Ready site
- Non-Compliant facilities were called by Group President

The screenshot shows the Code Ready website interface. The header features the 'CODE TOGETHER. PREPARED. READY' logo and navigation links like 'My Page', 'Control Panel', 'Recent changes', 'Help', and 'Tools'. The user 'ScottCormier' is logged in. The main content area displays the 'Portsmouth Regional Hospital (32902)' page, including its address (333 Borthwick Avenue) and a 'Leadership' section. A '3D Facility View' button is visible. Below the main content, a file list is shown with columns for 'File', 'Size', 'Date', and 'Attached by'. The files listed are:

File	Size	Date	Attached by
Code Silver - Active Shooter-Hostage - Offsite Business Occupancies.pdf No description	120.43 kB	10/16/2014	ScottCormier
Code Silver -Active Shooter-Hostage - - MAIN Hospital.pdf No description	140.59 kB	10/16/2014	ScottCormier
EOP Annex FINAL Draft.doc Edit No description	5.01 MB	10/27/2014	ScottCormier
EOP Part 1 FINAL Draft (2).doc Edit No description	551 kB	10/27/2014	ScottCormier

# Incentive

- Premium Credit given to facilities holding an exercise within 6 months
  - 100% participation



# Two Policies

- Clinical and Non-Clinical

Current Status: Active PolicyStat ID: 425101



Effective Date: 05/2009  
 Approved Date: 05/2013  
 Last Revised: 05/2013  
 Expiration Date: 05/2016  
 Owner:  
 Policy Area:  
 References:

**Code Silver (Active Shooter/Hostage) Hospital**

**SCOPE:**  
 Portsmouth Regional Hospital 333 Borthwick Ave campus



<b>HUMAN RESOURCES POLICY AND PROCEDURE</b>	
TITLE: <b>ACTIVE SHOOTER / HOSTAGE POLICY</b>	
GE: <b>1 of 4</b>	REPLACES: <b>N/A</b>
EFFECTIVE DATE: <b>JUNE 15, 2013</b>	REFERENCE #: <b>N/A</b>

Active Shooter Policy Facility Attestation

Implement Active Shooter Policy and provide Attestation

Supply Chain CSC/CDC Name	<b>CENTRAL ATLANTIC SUPPLY CHAIN</b>	COID	<b>03125, 06858, 07848, 08494, 09499</b>
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**Step 1:**  
 Date Completed 7/15/2013

- If site currently has an active shooter policy:
1. Compare current policy to model policy. Ensure you are following the guidelines of the model policy. (Expand/Hide/Out/ Take Action)

**APPLIES TO:**

# Maintaining the Program

- It's great to implement a plan, but tougher to maintain it
  - Annual competencies
  - Newsletters
  - Orientation
  - Training video

Page 3

### Impact Weather and StormReady

HCA provides tools for you to understand weather emergencies that may affect your facility. These tools are provided through Impact Weather™, a private meteorological service located in Houston Texas.

Information on access to the Impact Weather™ site is located on your Code Ready facility page. You may also sign up to receive emails for either hurricane season notifications, or for all severe weather notifications (Storm Watch). For information on how to subscribe to these notifications, please visit the [HCA Code Ready](#) site.

Impact Weather™ also provides meteorologists to discuss weather emergencies and their potential impact. During the recent snow emergencies in the southeastern US, Impact Weather™ meteorologists participated in conference calls, which greatly assisted facilities and divisions in planning services, staffing, and resources. If you would like to engage these meteorologists, please make your request through your Division EDC.

StormReady is a weather preparedness program from the National Weather Service. StormReady, a program started in 1999 in Tulsa, OK, helps arm America's communities with the communication and safety skills needed to save lives and property—before and during the event. StormReady helps community leaders and emergency managers strengthen local safety programs.

StormReady communities are better prepared to save lives from the onslaught of severe weather through advanced planning, education and awareness. No community is storm proof, but StormReady can help communities save lives.

Currently, there are only 31 StormReady hospitals in the US. Benefits of becoming a StormReady facility include recognition and signage to indicate your preparedness. Certification is a simple process, and most facilities already have the resources needed to become certified (weather alerts, notification system, training). There is no cost to become a certified StormReady facility, and the information provided by the National Weather Service is helpful. Form more information on the StormReady program, please visit the National Weather Service [site](#).

Volume 3 Issue 1

### ACTIVE SHOOTER PLANNING AND RESPONSE IN A HEALTHCARE SETTING

January 2014  
Sixth Document  
Produced by the Healthcare and Public Health Sector Coordinating Council

### ATLAS Links

- [EMS Coordinator Site](#)
- [Emergency Preparedness Site](#)
- [Emergency Services Site](#)
- [Enterprise Business Continuity Planning Site](#)
- [FacilityGroup](#)

### More North Texas EMTF Deployment Photos



# Questions

- Thank you for all you do in keeping our patients, staff, and visitors safe!

[scott.cormier@hcahealthcare.com](mailto:scott.cormier@hcahealthcare.com)